# Y STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Il Client Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

#### COMPLETE ALL SECTIONS

before submitting or form will be returned.

	Information			FOR OFFICE USE ONLY  TY: (c) I sep. date 2/28/13  System would not accept 2/29/13.  RECOJUL 15 2013
rear: 2013				SUPPLY DE CAO
ill in circle if ame	endment ()			ENTER RECOULT 15 2013
Report Period:	⊗ January/June	O July/December		ENT'D' AUG 0 8 2013 132031
ype of Lobbying:	⊗ Nonprocurement	O Procurement	OBoth	0: 1 25:11
Client Filing Fee Ch	neck Number:			OC# 2544 \$ 50.

Na	Name: ASSOCIATION OF HEALTH CARE PROVIDERS, INC. (NYS)										
		ddress: 20 CORPORATE	woo					No.			
Cit	City: ALBANY State: NY ZIP code: 12211										
Bus	iness Phone:518-46	3-1118			Fax Nur	mk	per: 518-463-1606				
Thir	d Party Beneficiary	(see instructions):	247.22								
And three	tobbyisi(s) in y individual or organi eshold was exceede	formation & Con zation that has lobbled d by that individual or o	nio (a on b rgan	ensotion (( ehalf of the cli ization.	Currei ent mus	t b	Period Only) e reported below, r	egardless of whether the			
Α	Type of Lobbyist:	O Retained	8	Employed		0	Designated				
	Level of Gov't:	O State Lobbying	0	Local Lobby	ing	8	Both				
	Name: JOHNSTON,	CHRISTINE (FKA WANG, F	HYLI	LIS A.)			Phone Number: 5	18-463-1118			
	Address: 20 CORPO	RATE WOODS, 2ND FLOO	R								
	City: ALBANY						State: NY	ZIP code:12211			
	Compensation for	r current period: \$100	300	.00							
В	Type of Lobbyist:	O Retained	$\otimes$	Employed		0	Designated				
	Level of Gov't:	O State Lobbying	0	Local Lobby	/ing	8	Both				
	Name: MEGANTAN	NGJERD					Phone Number: 5	18-463-1118			
	Address: 20 CORPO	RATE WOODS, 2ND FLOO	R								
	City: ALBANY						State: NY	ZIP code:12211			
	Compensation fo	r current period: \$257	'60	.00							
С	Type of Lobbyist:	<ul><li>Retained</li></ul>	$\otimes$	Employed		0	Designated				
	Level of Gov't:	O State Lobbying	0	Local Lobby	/ing	8	Both				
	Name: CATHERINE	TULLY			Phone Number: 5	18-463-1118					
	Address: 20 CORPO	RATE WOODS, 2ND FLOO	R								
	City: ALBANY						State: NY	ZIP code: 12211			
	Compensation for	current period: \$299	30	.00							
8	⊗ Continued on attached pages										
D	D TOTAL COMPENSATION of ALL lobbyists for current period(A+B+C+addendum sheets): \$182240 .00										

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Jahavisi's	Information &	Compens	otion I		7777	e u r	d Oal		<b>《图书》等在记录</b> 》。2013年	
	anization that has lobb at individual or organi								s of whether the thresh	noic
Type of Lobbyist:		zation. O Employe			Designa					
Level of Gov't:	State Lobbying	70 - 70				iied	500			
			9 50			N		F10 465 70	20	
	EN, REID, & MCNALLY, LL	C (FRA WEING	AKIENAK	EID, LL	C) Phoi	ne iv	umber.	518-465-73	30	
Address: 1 COMME	RCE PLAZA				21 1					
City: ALBANY					State	e;NY		ZIP co	ode: 12210	
	r current period: \$20	and a	.00	0 -		recessor				
Type of Lobbyist:	O Retained	O Employe		-	)esigna	rea				
Level of Gov't:	O State Lobbying	Local Lo	pobying	О в	oth					
Name:					Pho	ne N	lumber:			
Address:										
City:					Stat	e:		ZIP C	ode:	
	r current period: \$		.00							
Type of Lobbyist:	O Retained	O Employe		0 [	Designo	ited				
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Address:										
City:					State	9:		ZIP co	ode:	
Compensation for	current period: \$		.00							
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	EN, REID, & MCNALLY, L	LC	DATE		/30	/ 2	013	O Ad	O Social Even	Ť
PURPOSE: REIMBURS	4		AMO	UNT:	\$199		.00	O ™Adde	ndum attached	
O PROCUREMENT	⊗ NONPROCUR	EMENT								
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PAID TO:			DATE		/	/		OAd	O Social Event	E .
PURPOSE:			AMO	UNT:	\$		.00	O*Adder	ndum attached	
O PROCUREMENT	O NONPROCUE	EMENT								

	rent	Sem	i-Annus	I Period Only		and the same			
A Report in the aggregate all ex	pense	s less th	nan or equo	al to \$75:	\$ (	)		.00	
B Report in the aggregate all ex	pense	s for sa	laries of nor	n-lobbying employee	∋s: \$ (	)		.00	
C Itemize each expense exceed	ding \$7	75:							
PAID TO: WEINGARTEN REID & MC	NALLY	, LLC		DATE: 02 /29	2013	O A	Ad O	Social Eve	ent
PURPOSE: REIMBURSED EXPENSES				AMOUNT: \$261	.00	O *	'Addendum	attached	
O PROCUREMENT & NON	PROC	UREME	ENT						
PAID TO: WEINGARTEN REID & MC	NALLY	, LLC		DATE: 04 /30	/ 2013	0 4	Ad C	Social Eve	ent
PURPOSE: REIMBURSED EXPENSES				AMOUNT: \$194	.00	O *	'Addendum	attached	
O PROCUREMENT & NON	PROC	UREME	ENT						
⊗ Continued on attached									
<ul> <li>If any expense listed above expense, dollar amount of</li> </ul>	ve ex attribu	ceeds Itable	\$75 for an to the indiv	individual, you mustidual and the nam	t attach the a e. title and em	ddenc ploye	dum page listi r of the indivi	ing the dual.	
D Total expenses for current p		promotone		.00 (if applicable,					otal)
		<u> </u>							
V Source of Funding D	500	sure							
Instructions: In the event only	one pe	erson o	r entity is lis	ted as the Single So	urce for a Cont	ibutio	n(s), use Section	on A. In the	
				en aggregated as a the Single Source. In					
received. If more Addendum for the	than f	ive Co	ntributions f	rom the Single Source	e have been re	eceive	d, use section	V(C) of the	,,,,,,,
Contribution(s) from Single Sou			ontributions	S					
Single Source Entity's Name: N			ITH CARE						
or Single Source Person's Last Na		NK FILA	LIFI CARE	First	Name:				
Address: 20 EAST SUNRISE HWY	,,,,,,				1,134,1132,1				
City: VALLEY STREAM				Sta	te:NY		ZIP CO	ode:11581	
Phone: 718-375-6700									
	01	/01	/ 2013	Amount of	Contribution:	\$ 649	)	.00	
Phone: 718-375-6700  Date Contribution Received:  Date Contribution Received:	01	/ 01 / 15	/ 2013		Contribution:			.00	
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## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

# V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

received.							1
Contributions from Single Source	#3						
Single Source Entity's Name: PREMIER HOME HEALTH CARE SERVICES							
or Single Source Person's Last Nam	e:			First Name:			
Address: 445 HAMILTON AVE., 10TH	FLO	OR					
City: WHITE PLAINS				State: NY		ZIP code:10601	
Phone: 914-428-7722							
Date Contribution Received:	02	/13	/ 2013	Amount of Contribution:	\$1012	.00.	
Date Contribution Received:	06	/17	/ 2013	Amount of Contribution:	\$1012	.00	
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Date Contribution Received:		/	/	Amount of Contribution:	\$	.00	
Date Contribution Received:		/	/ -	Amount of Contribution:	\$	.00	
Check here if using section V(C) of	the	Addend	um for additional	Contributions:			0
Contributions from Single Source	e # 4	1					
Single Source Entity's Name: PER	SON	AL TOUC	H HOME CARE, IN	C.			
or Single Source Person's Last Nam	ne:			First Name:			
Address: 222-15 NORTHERN BLVD.							
City: BAYSIDE				State: NY		ZIP code:11361	
Phone: 718-468-4747							
Date Contribution Received:	01	/ 25	/ 2013	Amount of Contribution:	\$ 1012	.00	
Date Contribution Received:	04	/ 24	/ 2013	Amount of Contribution:	\$1012	.00	
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Date Contribution Received:		/	/	Amount of Contribution:	\$	.00	
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Contributions from Single Source	e #_5						
Single Source Entity's Name: ALI	LEN F	HEALTH (	CARE SERVICES				
Single Source Person's Last Nam	ie:			First Name:			
Address: 70-00 AUSTIN ST., SUITE 20	1						
City: FOREST HILLS				State: NY		ZIP code:11375	
Phone: 718-689-1201							
Date Contribution Received:	01	/31	/ 2013	Amount of Contribution:	\$863	.00	
Date Contribution Received:	04	/24	/ 2013	Amount of Contribution:	\$863	.00	
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Date Contribution Received:		/	/	Amount of Contribution:	\$	.00	
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### Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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Date Contribution Received:

Check here if using section V(C) of the Addendum for additional Contributions:

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source # 6 Single Source Entity's Name: Maxim Health Care Sources or Single Source Person's Last Name: First Name: Address: 7227 Lee Defrest DR. City: Columbia State: MD ZIP code: 21046 Phone: 410-910-1500 Date Contribution Received: 02 / 04 / 2013 Amount of Contribution: \$ 2685 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 7 Single Source Entity's Name: All Metro Health Core or Single Source Person's Last Name: First Name: Address: 50 Broadway City: Lynbrook State: NY ZIP code: 11563 Phone: 516-887-1200 Amount of Contribution: \$ 938 Date Contribution Received: 02 / 20 /203 .00 Amount of Contribution: \$ 9 38 Date Contribution Received: 05 / 13 /2013 00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # & Single Source Entity's Name: Best care, Inc. Single Source Person's Last Name: First Name: Address: 3000 Hampstead Turnjike, Ste. 205 City: Louittmin State: NY ZIP code: 11756 Phone: 516-731-3770 Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$ 931 .00 Date Contribution Received: 05 / 03 / 2013 Amount of Contribution: \$ 938 .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00

Amount of Contribution: \$

#### Designated Addendum sheet for section V(A)

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Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source # 9 Single Source Entity's Name: Access Wursing Sorvices or Single Source Person's Last Name: First Name: Address: 16 East 40th St., 3rd Floor State: NY City: NW York ZIP code: 18016 Phone: 646-346-1620 Amount of Contribution: \$ 1725 Date Contribution Received: 01/04/2013 .00 Date Contribution Received: Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 10 Single Source Entity's Name: Unlinited Care, Fre. or Single Source Person's Last Name: First Name: Address: 333 West chester the, West Bldg, Ste. W602 ZIP code: 10604 City: White Plains State: NY Phone: 914- 428- 4300 Amount of Contribution: \$ 863 Date Contribution Received: 01 / 25 / 2013 Amount of Contribution: \$ \$63 04/24/2013 .00 Date Contribution Received: Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 1) Single Source Entity's Name: WILLCARS Single Source Person's Last Name: First Name: Address: 346 Delaware Ale. State: NY ZIP code: 14202 City: Buffalo Phone: 716 - 756 - 7500 Amount of Contribution: \$ 863 Date Contribution Received: 01 / 25/2013 .00 Date Contribution Received: 04 / 24 / 2013 Amount of Contribution: \$ 86 3 Amount of Contribution: \$ Date Contribution Received: .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ Check here if using section V(C) of the Addendum for additional Contributions:

VI Subjects lobbied:  HEALTH CARE FINANCING & BUDGET; HOME HEALTH & STAFFING; INSURANCE & WORKERS' COMP	Person, State Agency, Municipality or Legislative Body lobbled:  DEPTS HEALTH, SOCSVS, AGING, INSURANCE; LEGISLATURE/LEGISLATIVE COMMITTEES; WORKERS' COMP BOARD
	COMP BOARD
Continued on attached pages	Continued on attached pages
Company of the compan	C commoed on andched pages
Bill. Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:  A4473, S2603, S2606, A3003, A3006, A2482, S2313, S2003, A5705, S2006, A6520, S4740, A7045, S2006	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:  NONE
S3902, A5705, S3966A, A6530, S4719, A7845, S5331, A7530, A2675, S5217, A7309, A3000, A3005, S2600, S2605,	
*	
Continued on attached pages	O Continued on attached pages
Number of Subject Matter of Executive Order of Governor/Municipality lobbled:	▼ Subject Matter of and Tribes involved in tribal-state
Governor/Municipality lobbled:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
NONE	NONE
	NONE
O Continued on attached pages	
o commoda on anachea pages	Continued on attached pages
XI Declaration	
This Declaration must be signed by the Chief Administrativ reason, does not sign, he/she must duly designate anothe	e Officer, (If the Chief Administrative Officer, for any
I declare under penalty of perjury that the infor	mation contained in this report is true
correct, and complete to the best of my knowle	dge and belief.
SIGNATURE: JUL Colle	DATE: 07/12/2013
PRINT NAME: LAST JILL	FIRST COUNIHAN
TITLE: OPERATIONS OFFICER	
Mark One: O Chief Administrative Officer 🛞 [	Designee(Attach Letter)

# The following MUST be attached to this report at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.